

## TOWN OF NEWINGTON

1485 Main Street Newington, Connecticut 06111

## **Newington Volunteer Fire Department**

I respectfully apply for membership in the Newington Volunteer Fire Department and if admitted promise to observe Department Standard Operating Procedures & Rules and Regulations.

	PERSO	NAL HISTORY	<u> </u>		
APPLICANTS NAME:		HOME NUMBER:			
HOME ADDRESS:	RESS:TOWN:				
DATE OF BIRTH:/SC	SOCIAL SECURITY NUMBER:			SEX: M F	7
CELL NUMBER:	EMAIL ADDRESS:				
RENT OWN LEASE	_ YEARS AT	CURRENT ADI	DRESS _	US CITIZEN Y N	ν
	<u>EMPLOY</u>	YMENT HISTOR	Y		
EMPLOYER'S NAME:			YEAF	R'S OF EMPLOYMENT:	
ADDRESS:	WORK NUMBER:				
SUPERVISOR'S NAME:	VISOR'S NAME:YOUR JOB TITLE:				
CURRENTLY ATTENDING SCHOOL	DL: Y N	WHERE			
	MOTOR V	EHICLE HISTO	<u>RY</u>		
OPERATOR'S LICENSE NUMBER:			STAT	TE OF ISSUANCE:	
			ENDORSEMENTS:		
MOTOR VEHICLE VIOLATIONS: _					
HAS YOUR LICENSE EVER BEEN	SUSPENDED?	YES	N	IO	
REASON:					
	 DEPARTMI	ENT INFORMAT	TION		
IS THIS THE FIRST TIME APPLING				ON FIRE DEPARTMENT?	
ANY PREVIOUS FIRE FIGHTING E	EXPERIENCE?				
FIRE DEPARTMENT NAME					
AVAILABILITY FOR FIRE CALLS(					
IF YOU WORK IN THE TOWN OF I			LOYER R	ELEASE YOU FROM WOR	K FOR

ARE YOU WILLING TO COMMIT YOURSELF TO COMPLOPERATIONS CLASSES WITHIN YOUR PROBATIONARY THURSDAY STARTING AT 5:30PM AND SOME SATURDAYS STARTIN ACCADEMY LOCATED AT BRADLEY AIRPORT. Y N	Y PERIOD? PRESENTLY CLASSES ARE EVERY TUESDAY AND					
*NOTE: THE DEPARTMENT WILL MAKE A REASONABLE EI MEMBERS. THE ABOVE INQUIRY DOES NOT HAVE A BEARI						
HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINA	L OFFENSE? Y N					
IF YES, PLEASE EXPLAIN:						
*NOTE: A CONVICTION RECORD WILL NOT NECESSARILY TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE ACCOUNT.						
ARE YOU CURRENTLY USING ANY ILLEGAL DRUGS? YN N HAVE YOU USED ANY ILLEGAL DRUGS WITHIN THE LAST SIX (6) MONTHS? Y N						
ARE YOU ABLE TO PERFORM ALL OF THE DUTIES OF A NEWINGTON VOLUNTEER FIREFIGHTER WITH OR WITHOUT REASONABLE ACCOMODATIONS? Y N						
REFER	RENCES					
LAST NAME:						
	ZIP CODE:					
	WORK NUMBER:					
LAST NAME:	FIRST NAME:					
ADDRESS:TOWN:	ZIP CODE:					
HOME NUMBER:	WORK NUMBER:					
I HAVE READ THE ABOVE APPLICATION AND I CERTIFY TH. TRUE, ANY FALSIFICATION ON THIS APPLICATION WILL BE APPLICATION AND/OR DISSMAL FROM THE NEWINGTON VONEWINGTON VOLUNTEER FIRE DEPARTMENT DOES NOT DI	GROUNDS FOR IMMEDIATE DISQUALIFICATION OF THIS OLUNTEER FIRE DEPARTMENT. I UNDERSTAND THAT THE					
GIVE YOU ANY AND ALL INFORMATION CONCERNING MY INFORMATION THAT THEY MIGHT HAVE, PERSONAL OR OT COVERED BY THIS APPLICATION; AND I RELEASE ALL SUCI	EER FIRE DEPARTMENT RESERVES THE RIGHT TO CONDUCT THAT MAY BE OF UNSOUND JUDGMENT OR OR ORGANIZATIONS REFERENCED IN THIS APPLICATION TO PREVIOUS EMPLOYMENT, EDUCATION OR ANY OTHER					
OF THE INVESTIGATION COMMITTEE, ASSISTANT CHIEF OF	ENT. IT IS THE JUDGMENT OF THE LIEUTENANT IN CHARGE PERSONNEL, CHIEF OF THE DEPARTMENT OR THE FIRE ALIFICATION OF CANDIDATES BASED ON FACTORS SUCH AS					
SIGNATURE	DATE					